Court Side

Indiana State Board of Health under Authority APPLICATION FOR I	MARRIAGE LICENSE File
Chap. 126, Ind. Acts 1905 FLC	d
	Date of Application
MALE Medical Examination Report Dated 8 - 15-61	FEMALE Medical Examination Report Dated 8-15.61
Name of Physician Strucky	Name of Physician A. J. Struger
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False sta	tement—Whoever procures the issuance of a license to marry by any false statement, representa-
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT	FEMALE APPLICANT
Name & First Middle Dast	Name Birst , Middle Mast
Date of Birth Month Day Year 17.	Date of Birth Month Day Year
Place of Birth (State or foreign dountry)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married Number of Previous Marriage	Maiden Name if Different Thought Thought
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
Usual Occupation Parts I was all last A. E.	
Date of birth verified by: Birth Cert. Judicial Decree	Usual Occupation Color or Race White Negro Other (specify)
Other (Specify)	Date of birth verified by: Birth Cert. Judicial Decree
An Imbecile? No Ves C Yes C Yes C	Other (Specify) Disieu Rie
2. Are you under guardianship as a person of unsound mind? No Yes 3. Are you now or have you been within five (5) years an inmate of a county asylum or	1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Yes
home for indigent persons? No Ves Yes If answer to 3 is "yes" has the cause of such condition been removed? No Ves Yes	Of Unsound Mind? No Ves
4. Are you afflicted with a transmissible disease? No Yes 5. Are you related to the bride closer than second cousin? No Yes	2. Are you under guardianship as a person of unsound mind? No 🖵 Yes 🗌
6. Are you now under the influence of intoxicating liquor? No Yes	3. Are you afflicted with a transmissible disease? No 🖅 Yes 🗆
7. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗍 8. Are you able to support a family? Yes 🔂 No 🗌	4. Are you related to the groom closer than second cousin? No Ves 5. Are you now under the influence of intoxicating liquor? No Ves
9. Are you likely to so continue? Yes A No I 10. Do you have minor children from one or more former marriages? No I Yes A	6. Are you now under the influence of a narcotic drug? No Yes
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father Doal Gy Smith
Name Age Address	Residence of father (if deceased so state)
Elizabeth Rigger 17 3236 Dain	Occupation of father Bace of father Bare of father, Bare of father, Bare of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother Mana Leath
(c) Are you complying with any court order or orders issued for their support? Yes No	Residence of mother (if deceased so state)
11. Full name of father Dress Carl Representation	Occupation of mother
Occupation of father	Birthplace of mother (State or foreign country).
Occupation of father	State of Indiana, State of Indiana, Bas: I depose and state the information given in this application is true and correct.
12. Full maiden name of mother Walang Kathaga Kall	County of street.
Residence of mother (if deceased so state) 3.7 W. H.	Signed Sylver Sy Mayfyla
Occupation of mother Race of mother Birthplace of mother (State or foreign country)	New Address
State of Indiana, State of Indiana, State of Indiana, I depose and state the information given in this application is true and correct.	Ludy South FLOYD County Circuit Court
Signed Bruce C. Rippy	
New Address, Georgetourn, Ind.	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this. Aday of	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Tuling J. Lanley Clerk of FLOYD County Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
State of Indiana,	County of
County of	SignedFather
Signed Father Signed Mother	SignedMother
Subscribed and sworn to before me thisday of, 19,	Subscribed and sworn to before me thisday of
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the	
	ourt by written order issued
	E AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license iss	ued by the clerk of the
of Indiana dated the 13th. day of August	
Be it further remembered, the following marriage certificate was filed in my o	
0,	hereby certify that on the day of august
one thousand Line hundred and State of Indiana, Groom Sruce C. Rippen	of Theyd County of Clark,
and, Bride Sylvia & Mayfild of	Flago County, State of Ind.
were by me united in marriage as authorized by a marriage license issued for County.	that purpose by the Clerk of the Circuit Court of
Dated this / day of august , 1961	
v	Official Designation Justic Flase
Filed and recorded in accordance with the laws of the State of Indiana this	13 th darloj Signal 1961
	Signed Kulize D. Manley Clork
,	FLOYD County Circuit Court
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